N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 26 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
36165

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1291
City Kansas City Mo (No. ..... St. ..... Ward)

2. FULL NAME Mrs Irene Maria Harper
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 3, 1891
7. AGE 44 YEARS — MONTHS 7 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo

FATHER
13. NAME Mr S C Ladish
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London Ing.

MOTHER
15. MAIDEN NAME Mary J Payne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K C Mo

17. INFORMANT (ADDRESS) Mrs Gertrude Harper
18. BURIAL, [redacted] PLACE Mt Washington DATE Nov. 20, 1935
19. UNDERTAKER (ADDRESS) H. C. Bergman
20. FILED Nov 19 1935 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17/35, 19
22. I HEREBY CERTIFY That I attended deceased from ....., 19..., to ....., 19....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:
External violence
Subarachnoid and interstitial hemorrhage of the brain
Date of onset
Other contributory causes of importance:
Name of operation ..... Date of
What test confirmed diagnosis? Autopsy Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 11/17/35
Where did injury occur? Do not know (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Do not know
Manner of injury Blows am body
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]

Eyes - Grey
Hair - Chestnut
Weight - 160
Height - 5-4½